

# Madrigal

CONSENT AND RELEASE FORM

Chimera Entertainment, Inc. (hereby referred to as "CEI") and/or Robert Ciccolini and/or CEI volunteers, permitting me to attend and participate in the Madrigal Live Action Fantasy Roleplaying game, I, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, hereby waive and release any and all claims, demands, causes of action, suits and rights I, or anyone on my behalf, might have against CEI and/or Robert Ciccolini and/or CEI volunteers, for any personal injury (including death), loss or damage to my property which I (or anyone claiming by or through me) may have.

I acknowledge and understand that I will be voluntarily engaging in activities that involve contact and the risk of serious injury, permanent disability, or death, and may cause severe social or economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction or negligence of others or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

Further, I agree that I will not, nor will anyone acting on my behalf claiming by or through me, bring or maintain any suit in Court to assert any claim against CEI and/or Robert Ciccolini and/or CEI volunteers, for any claim that I might have arising out of my participation in any activities performed by, directed by or endorsed by CEI and/or Robert Ciccolini and/or CEI volunteers.

I HEREBY:

- \_\_\_\_\_ 1. UNDERSTAND THAT ENGAGING IN THIS LIVE ACTION FANTASY ROLEPLAYING GAME INSTITUTES MY INVOLVEMENT IN AN ACTIVITY INVOLVING PHYSICAL CONTACT WITH ACCOMPANYING RISKS OF PERSONAL INJURY OR DEATH AND LOSS OR DAMAGE TO PERSONAL PROPERTY, AND I HEREBY VOLUNTARILY ASSUME THOSE RISKS AND ACKNOWLEDGE MY INFORMED CONSENT IN THIS ACTIVITY.
- \_\_\_\_\_ 2. Understand that I have the right and duty to inspect the facilities and equipment to be used and if I believe that anything is unsafe or beyond my capability I will immediately advise the staff supervisor of such condition(s) and refuse to participate.
- \_\_\_\_\_ 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
- \_\_\_\_\_ 4. Release from, waive and discharge all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or hereafter have for damage or losses on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence or other acts of CEI and/or Robert Ciccolini and/or CEI volunteers.
- \_\_\_\_\_ 5. Recognize that CEI and/or Robert Ciccolini and/or CEI volunteers are not obligated to permit me to participate in any of the activities and may terminate my participation in such activities at any time and for any reason.
- \_\_\_\_\_ 6. Understand that all Physical Interactions are optional and I have the right to refuse participation or momentarily halt any training in which I am directly participating at any time and for any reason by verbally calling out "Caution". I understand that refusal to participate in Physical Interaction does not constitute grounds for a refund of the course fee.
- \_\_\_\_\_ 7. Give my consent to and waive any and all rights of compensation or claim present and future in regards to use of media coverage (articles, photos, video footage, quotes, etc.) of my participation in this event.
- \_\_\_\_\_ 8. Agree to accept any and all financial obligations incurred as a result of any medical assistance, treatment and related expenses, provided in connection with any injuries which I may receive in the game provided by CEI and/or Robert Ciccolini and/or CEI volunteers.
- \_\_\_\_\_ 9. Attest and declare that I am at least 18 years of age.
- \_\_\_\_\_ 10. Have read and will abide by the official rules of conduct and safety for this game.
- \_\_\_\_\_ 11. Have read and understand the foregoing provisions of this CONSENT AND RELEASE FORM and I have executed this instrument voluntarily on this date and understand that this instrument shall remain in full force and effect indefinitely.

DATED: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, notify:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_